

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040973

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 4/27

Registrar's No. 146

STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Waynesville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pulaski County HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pulaski

c. CITY
OR
TOWN RichlandInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Robert

A

Garver

4. DATE OF DEATH

Month

Day

Year

Nov

5

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-28-1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Martinville Illinois

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Martin Garver

13b. MOTHER'S MAIDEN NAME

Eliza J Hackney

14. NAME OF HUSBAND OR WIFE

Geneva Jane Garver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

226

17. INFORMANT

Ethel Powers Richland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Hypostatic pneumonia
old age + heart diseaseINTERVAL BETWEEN
ONSET AND DEATH

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour: Month, Day, Year
a.m.:
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948 to Nov 5-63 and last saw her alive on Nov 5-63
Death occurred at 5:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

11-6-1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

11-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Richland, Missouri

(State)

24. FUNERAL DIRECTOR

Moss Williams Richland, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-7-63

26. REGISTRAR'S SIGNATURE

Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0850

2 20850

3

4 0

5 2

6

7 1

8 2

9 4344

10

11

12 1-2

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Shoss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.